Mr. Chairman and members of the committee, my name is James Schwartz and I am the Fire Chief for Arlington County Virginia. I am also a member of the Inter-Agency Board for Equipment Standardization and Interoperability where I serve as the co-chair of the Detection and Decontamination Sub-Group and I am a member of the International Association of Fire Chiefs Committee on Terrorism and Homeland Security.

I appreciate the opportunity to provide testimony on the issue of valid test methods for *Bacillus Anthracis*. This is a significant issue for Arlington County who, like most local governments, provide traditional public safety and public health first response for our residents, visitors and businesses. Unlike any other government, in Arlington our services also protect the Pentagon and dozens of federal agencies that reside in over 60 percent of the county's available commercial office space. Arlington bears significant responsibility for response to any incident that is perceived to involve anthrax or other biological hazards.

I want to begin by complimenting the subcommittee on its charge to GAO regarding the assessment of postal facility testing and the validity of detection activities. This is a critical issue for local governments who must manage the consequences of a biological incident, I would observe, not just at postal facilities. Given our experience to date, I would also observe that there is no crisis that requires more accurate and timely public information than a public health crisis. Assuring the public, especially those who may have been exposed to a biological agent, which is of the highest importance, makes reliable test results from a certified laboratory essential. The decisions that result from testing, including the possible distribution of powerful antibiotics as prophylaxis, poses different, but no less significant kinds of risk for the public.

I also want to say that I agree with the recommendations from the GAO draft report that was provided to us. While the report describes significant hurdles to effective testing, it is imperative that methods of detecting anthrax and other biological hazards be developed so that appropriate decisions that are in the best interest of public health can be made in a timely way. Special emphasis should be put on environmental sampling methods.

Detection methods have a considerable effect on the actions of local government. As such, I want to take this opportunity to discuss the incident at the Pentagon on Monday, March 14. This incident was in many ways a model of effective inter-governmental cooperation. Arlington County was notified of a possible positive test result at the Pentagon's remote delivery facility. Upon arrival at the delivery facility responders from Arlington learned that a swab taken from a filter three days earlier had tested positive for *Bacillus Anthracis* at a contract laboratory. Arlington committed its fire, police, public health and emergency management departments to support the Pentagon. Because of our close working relationships with the Pentagon Force Protection Agency (PFPA) Arlington personnel are aware of many of the Pentagon detection capabilities

and procedures. Numerous exercises over the last seven years have helped to provide both Arlington and PFPA with a better developed system of planning and response.

In general the response was good. PFPA notified Arlington as soon they recognized a problem and our first responders notified our Office of Emergency Management as soon as they arrived on the scene and assessed the situation. OEM then made internal notifications to other local governments in the region and the state.

As always there are lessons to be learned from incidents such as this. While there are parts of the March 14 Pentagon response that could be improved upon, we are far beyond where we were five years ago. I am confident that the after action reports currently being finalized will bear this out.

However, one of the salient points with this incident is the one the committee focuses on today; valid detection methods and adequate test protocols for anthrax. Can we rely on the results we get from environmental sampling and subsequent laboratory analysis? Experts far smarter than I will have to work out the answers to challenges posed by the GAO report, but as a recipient of information derived from these practices, information on which critical public health and emergency management decisions must be made, I can say that the issue must be pursued.

In addition to the importance of validating testing methods at postal facilities I want to draw the committee's attention to the importance of providing reliable screening technology for first responders. The issue of testing for biological hazards has been a topic before the Interagency Board for the last three years. First responders need reliable biological detection capabilities and I would ask that the committee do everything it can to encourage the development of enhanced field deployable technologies.

There are those in the federal government who dismiss the need for field detection of biological hazards. They insist that local first responders cannot be properly trained to use hand held assays and PCR technology and that first responders should rely solely on the Laboratory Response Network to provide definitive results regarding the identification of suspicious substances. As my friend A.D. Vickery from Seattle Fire Department is fond of saying, this is the same argument we heard years ago when we were told that only doctors should perform CPR.

The reality is that on a frequent basis first responders are called to investigate suspicious substances. This is especially true when the media is reporting a situation such as the one Arlington and Fairfax experienced a few weeks ago. It seems that attention to these types of incidents heightens anxieties and adds confusion. First responders must manage this public anxiety and the effective

use of field detection is a way to ensure that this can be accomplished. Simply relying on the LRN for test results is an ineffective way of providing timely advice and guidance to people who believe that they have been exposed to a biological agent. First responders understand very well that the most sophisticated field testing methods yield only presumptive results and that confirmatory tests from a certified laboratory are required to make more definitive public health decisions. Nonetheless, it is incomprehensible that some would have responders telling dozens or hundreds of nervous and worried people that the earliest information is 24-hours away.

In Arlington we have gone to great lengths to ensure that our field detection capabilities are used to make tactical, not clinical decisions. We do this by beginning each response with a threat assessment. This assessment is conducted with our local police department and/or the FBI. If it is determined that a legitimate threat is present, appropriate first steps can be taken to inform and protect the public. Our procedures were developed jointly with fire, police, emergency management and public health at the table and we constantly review those procedures to ensure they are as up to date as possible.

The fact is that first responders need field detection capabilities to make tactical decisions; no first responder I know of is advocating the use of field detection for clinical decision making. This is the role of public health authorities and is where the LRN is so valuable. Several years ago when communities were experiencing the first “white powder” incidents, there were few laboratories that were recognized as capable of doing effective confirmatory tests. First responders were much more on there own, flying in the dark with little to no technical back-up. While the network has become a valuable national asset it should not be seen as a universal remedy.

Arlington, along with our partners in the region, has been on the forefront of terrorism preparedness. In 1997 we, along with our partners in the region, established the nation’s first civilian terrorism response team, known then as the Metropolitan Medical Strike Team. Staffed with emergency medical, hazmat, and law enforcement personnel from jurisdictions around the national capital region, the team, now known as the National Medical Response Team, provides a unique response capability that includes mass casualty decontamination and its own cache of pharmaceuticals.

Following the creation of this response team, it became apparent that a more systematic approach was necessary, one that required an integration of planning and response and that included public health and hospitals. This integration does not come about only through the use of unified incident management once an incident is recognized. It must start with integrated planning that is done across professional disciplines. From that understanding the Metropolitan Medical Response System was born. MMRS now exists in 122 communities across the country.

This systematic approach integrates the planning and response of first responders (fire, EMS, hazmat and law enforcement), including public health, emergency management and hospitals and medical care facilities to work together to develop the capability to reduce the human health consequences which result from terrorist acts. It also requires concurrent integration with neighboring jurisdictions and State and Federal agencies.

It is important to underscore the fact that incidents such as those we experienced in October of 2001, again in November of 2003 and then again a few weeks ago at the Pentagon and in Fairfax County, require a public safety and public health response that is integrated.

MMRS is one of the best approaches ever devised for regional planning and response to a large scale incident. We think MMRS should be considered as a national model for how local governments should plan and organize for a large scale incident where mass casualties are involved, as well as to address the additional hazards that an integrated approach to planning affords.

Unfortunately, the Administration did not include MMRS in its fiscal 2006 budget submittal. As you deliberate today and in the near term about improving the nation's preparedness I urge you to support additional funding for MMRS. It is critical to our ability to protect our citizens as well as DOD and other federal employees in this region—so we need your leadership and guidance in order to have certainty that our efforts may proceed.

I hope that my comments today are helpful and I appreciate your consideration of them. I am confident that they reflect some of the problems faced by first responders not just in Arlington, but across the country. I look forward to answering any questions you might have.